



Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).		Complete if Known	
FEE TRANSMITTAL For FY 2009		Application Number	10/575,431-Conf. #2093
		Filing Date	April 10, 2006
		First Named Inventor	Jiro Kiyama
		Examiner Name	Harvey, David E.
		Art Unit	2621
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Attorney Docket No.	65325RCE(70904)
TOTAL AMOUNT OF PAYMENT	(\$)	1,300.00	

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____

☒ Deposit Account Deposit Account Number: 04-1105 Deposit Account Name: Edwards Angell Palmer & Dodge LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	<u>Small Entity</u> Fee (\$)	Fee (\$)	<u>Small Entity</u> Fee (\$)	Fee (\$)	<u>Small Entity</u> Fee (\$)	
Utility	330	165	540	270	220	110	
Design	220	110	100	50	140	70	
Plant	220	110	330	165	170	85	
Reissue	330	165	540	270	650	325	
Provisional	220	110	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	<u>Small Entity</u>	
	Fee (\$)	Fee (\$)
Each claim over 20 (including Reissues)	52	26
Each independent claim over 3 (including Reissues)	220	110
Multiple dependent claims	390	195

Total Claims Extra Claims Fee (\$) Fee Paid (\$) Multiple Dependent Claims

_____ - 20 or HP _____ x _____ = _____ Fee (\$) Fee Paid (\$)

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims Extra Claims Fee (\$) Fee Paid (\$)

_____ - 4 or HP _____ x _____ = _____

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

<u>Total Sheets</u>	<u>Extra Sheets</u>	<u>Number of each additional 50 or fraction thereof</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
_____ - 100 = _____	/50 = _____	(round up to a whole number) x _____	= _____	

4. OTHER FEE(S)

	<u>Fees Paid (\$)</u>
Non-English Specification, \$130 fee (no small entity discount)	
Other (e.g., late filing surcharge): 1252 Extension for response within second month	490.00
1801 Request for continued examination (RCE) (see 37 ...)	810.00

SUBMITTED BY

Signature	<u>David A. Tucker</u>	Registration No. (Attorney/Agent)	27,840	Telephone	(617) 517-5508
Name (Print/Type)	David A. Tucker	Date	July 13, 2011		



COPY

PTO/SB/17 (10-08)

Approved for use through 09/30/2010. OMB 0651-0032

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METHOD OF PAYMENT (check all that apply)	
<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card
<input type="checkbox"/> Money Order	<input type="checkbox"/> None
<input type="checkbox"/> Other (please identify):	
<input checked="" type="checkbox"/> Deposit Account	Deposit Account Number: 04-1105
Deposit Account Name: Edwards Angell Palmer & Dodge LLP	
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<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17	<input checked="" type="checkbox"/> Credit any overpayments

FEE CALCULATION							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
Application Type	Filing Fees	Small Entity	Search Fees	Small Entity	Examination Fees	Small Entity	Fees Paid (\$)
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Signature	David A. Tucker	Registration No. (Attorney/Agent)	27,840
Name (Print/Type)	David A. Tucker	Telephone	(617) 517-5508
		Date	July 13, 2011



Application No. (if known): 10/575,431

Attorney Docket No.: 65325RCE(70904)

Certificate of Express Mailing Under 37 CFR 1.10

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Typed or printed name of person signing Certificate

Registration Number, if applicable

(617) 517-5534
Telephone Number

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RCE Transmittal (2 pages)
Petition for One Month Extension of Time (2 pages)
Supplemental Amendment After Final Rejection (14 pages)
Fee Transmittal (2 pages)
Copy of Amendment After Final Rejection dated 15 April 2011 (16 pages)
Return Receipt Postcard
Charge \$1,300.00 to deposit account 04-1105